L15000080915

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SECRETARY OF STATE

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T. HAMPTO:

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	RMGO HOL	DINGS, LLC ed Liability Company	_ _
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Moni	Ca K. Oberty	ng
		Firm/Company	
	løs u	Doods Lane.	
	Mena	City/State and Zip Code On y Cap, VV, be used for future annual report notific	204
	E-mail address: (to	be used for future annual report notific	cation)
For further information cor	ncerning this matter, please call	:	
Gregory Name of I	DbeAng	at (5(8) 469 - Daytime	S 4 3 9 Telephone Number
Enclosed is a check for the	following amount:		. /
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RM60 HOLD	INGS, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000080915</u>	were filed on $May 7, 2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	SECRE SECRE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	50 S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** 1495 Lands End Rd. XADD Gregory F. Oberting Manalapan, FL 33462 Remove ☐ Change Monica K. Oberting AMBR 1495 Lands End Rd. KAdd ☐ Remove ☐ Change whitham whoway TIMAdis □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Change 1 □ Remove

☐ Change

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n effective date is listed, the date: If the date inserted in t	ate must be specific this block does no	and cannot be prior to ot meet the applica		e than 90 days after	filing.) Pursuant to 605.0
cument's effective date on	the Department	of State's records.			
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Page 3 of 3

Filing Fee: \$25.00